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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C., 20231, ON:

Date: August 18, 2000

By:

Patent

Attorney's Docket No. 002010-603

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
)
YEDNOCK et al.) Group Art Unit: 1653
)
Application No.: 09/127,364) Examiner: D. Lukton
)
Filed: July 31, 1998)
)
For: ANTI-INFLAMMATORY)
COMPOSITIONS AND METHOD)
)
)

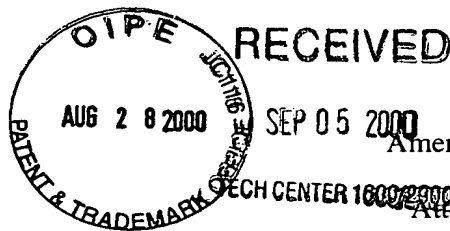
AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply to the Restriction Requirement mailed on April 14, 2000 for the above-identified patent application.

- ☒ [X] A Petition for Extension of Time is also enclosed (3 months).
- ☐ [] A Terminal Disclaimer and a check for ☐ [] \$55.00 (248) ☐ [] \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☐ [] Also enclosed is _____
- ☐ [] _____ statement(s) claiming small entity status
☐ [] are also enclosed ☐ [] were submitted previously.
- ☐ [] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the
☐ [] \$345.00 (201) ☐ [] \$690.00 (101) fee due under 37 C.F.R. § 1.17(e).
- ☐ [] Applicant(s) previously submitted ___, on ___, for which continued examination is requested.



Amendment/Reply Transmittal Letter

Application No. 09/127,364

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- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'T'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$78.00 (102) =	
If Amendment adds multiple dependent claims, add \$260.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

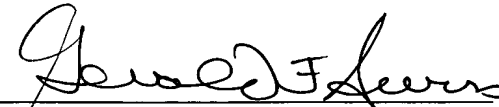
☒ A check in the amount of \$ 870.00 for the extension of time fee is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
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